

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 582457

FILING DATE

6-12-2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5	/		/			
6		/		/		
7		/		/		
8		2		/		
9		2		/		
10		2		/		
11		2		/		
12		2		/		
13	①	①		/		
14	①	①		/		
15	①	①		/		
16	①	①		/		
17	①	①		/		
18	①	①		/		
19	①	①		/		
20	①	①		/		
21	①	①		/		
22	①	①		/		
23	①	①		/		
24	①	①		/		
25	①	①		/		
26	①	①		/		
27	①	①		/		
28	①	①		/		
29	①	①		/		
30	①	①		/		
31	①	①		/		
32	①	①		/		
33				/		
34				/		
35				/		
36				/		
37				/		
38				/		
39				/		
40				/		
41				/		
42				/		
43				/		
44				/		
45				/		
46				/		
47				/		
48				/		
49				/		
50				/		
TOTAL IND.	2					
TOTAL DEP.	33					
TOTAL CLAIMS	35					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			/			
52				/		
53				/		
54				/		
55				/		
56				/		
57				/		
58				/		
59				/		
60				/		
61				/		
62				/		
63				/		
64				/		
65				/		
66				/		
67				/		
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86				/		
87				/		
88				/		
89				/		
90				/		
91				/		
92				/		
93				/		
94				/		
95				/		
96				/		
97				/		
98				/		
99				/		
100				/		
TOTAL IND.						
TOTAL DEP.		3				
TOTAL CLAIMS		32				